FORM B10 (Official Form 10)(4/98)		PROFOED AU				
UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO (BO	PROOF CLAIM					
Name of Debtor	Case Number					
Peggy L Sheldon	99-01789					
NOTE: This form should not be used to make a claim for the commencement of the case. A "request" for payment of a pursuent to 11 U.S.C. \$503	en eriministretive expense griding after in edinimistrative expense may be flied	99-01789				
Name of Creditor (The person or other entity to whom the debtor owes money or property): Boise Radiology Group Name and Address where notices should be sent:	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. ☐ Check box if you have never	1250219				
Boise Radiology Group 190 E Bannock Boise, ID 83712  Boise, ID 83712  Telephone Number: 208-323-9140	received any notices from the bankruptcy court in this case.  Check box if the address differs from the address on the envelope sent to you by the court.	This Space is for Court Use Only				
Account or other number by which creditor identifies debtor:	Check here if ☐ replaces this claim ☐ amends a previously	filed claim, dated				
1. Basis for Claim  Goods sold Services performed Money loaned Personal injury/wrongful death Taxes	Retiree benefits as defined in 11 U.S.C  Wages, salaries, and compensation (fill Your SS #:  Unpaid compensation for services perf from	l out below) formed				
Other  2. Date debt was incurred: 3/4/99	3. If court judgment, date obtained:					
4. Total Amount of Claim at Time Case Filed:  If all or part of your claim is secured or entitled to priority, also cor  Check this box if claim includes interest or other charges in add interest or additional charges.	nplete Item 5 or 6 below. ition to the principal amount of the claim.	Attach itemized statement of all				
5. Secured Claim.	6. Unsecured Priority Claim.	d and after them				
Check this box if your claim is secured by collateral	☐ Check this box if you have an unsecure Amount entitled to priority \$	a priority claim				
(including a right of setoff).  Brief Description of Collateral:	Specify the priority of the claim:					
☐ Real Estate ☐ Motor Vehicle ☐ Other	☐ Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's					
Value of Collateral: \$	business, whichever is earlier - 11 U.S.C. § 507(a)(3).  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).  Up to \$ 1.950* of deposits toward purchase, lease, or rental of property					
	services for personal, family, or househ Alimony, maintenance, or support owe child - 11 U.S.C. § 507(a)(7).	d to a spouse, former spouse, or				
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	☐ Taxes or penalties owed to government☐ Other - Specify applicable paragraph o	at units - 11 U.S.C. § 507(a)(8). f 11 U.S.C. § 507(a)().				
	*Amounts are subject to adjustment on 4/ with respect to cases commenced on or	1/01 and every 3 years thereafter after the date of adjustment.  This Space is For Court Use ONLY				
7. Credits: The amount of all payments on this claim has been	credited and deducted for the purpose of	THIS SPACE IS FOR COORT USE ONCE				
making this proof of claim.  8. Supporting Documents: Attach copies of supporting documents, invoices, itemized statements of running accounts, contragreements, and evidence of perfection of lien. DO NOT SI documents are not available, explain. If the documents are voluments are voluments are voluments.	acts, court judgments, mortgages, security END ORIGINAL DOCUMENTS. If the	Property of the same of the sa				
9. Date-Stamped Copy: To receive an acknowledgment of the fili addressed envelope and copy of this proof of claim.	ng of your claim, enclose a stamped, self-	AUG 2 1998 6				
Date Sign and print the name and title, if any, of the creating claim (attach copy of power of attorney, if an	editor or other person authorized to file. y):	M Herry				
Penalty for bresenting fraudulent claim: Fine of up to \$500,0	Misten Daus	th. 18 U.S.C. §§ 152 and 3571.				

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

## PATIENT FINANCIAL HISTORY BY IT SERVICE BOUSE WYDIOLEGY GROUP, F.A. Accounts 24628 - 24628 - 211 Dates

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## PATIENT FINANCIAL HISTORY BY DT SERVICE BOISE RADIOLOGY GROUP, P.A.

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